

Entered - 10/01/01 - sb
CL01L0605 - DIANNE C. MITCHELL

CLAIM OF: **ALLSTATE INSURANCE COMPANY AS
SUBROGEE OF VELMA MOULTRIE
P. O. Box 227257
Dallas, Texas 75222-7257**

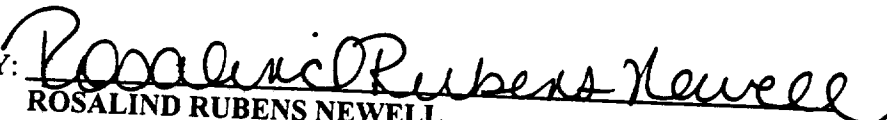
01-R-1811

For damages alleged to have been sustained as a result of a vehicular accident on July 13, 2001 at Interstate 285 and Riverdale Road.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **ALLSTATE INSURANCE COMPANY AS SUBROGEE OF VELMA MOULTRIE** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on July 13, 2001 at Interstate 285 and Riverdale Road as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0605

Date: October 22, 2001

Claimant /Victim ALLSTATE INSURANCE COMPANY AS SUBROGEE OF VELMA MOULTRIE
BY: (Ins. Co.)
Address: P. O. Box 227257, Dallas Texas 75222-7257
Subrogation: X Claim for Property damage \$ 2,636.04 Bodily Injury \$
Date of Notice: 10/01/01 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 07/13/01 Place: Interstate 285 and Riverdale Road
Department Planning, Development and Neighborhood Conservation Division: Neighborhood Conservation
Employee involved Carl Smart Disciplinary Action: No Action Taken

NATURE OF CLAIM: The driver of the City vehicle made an improper lane change and collided with the claimant's vehicle causing damages in the above amount.

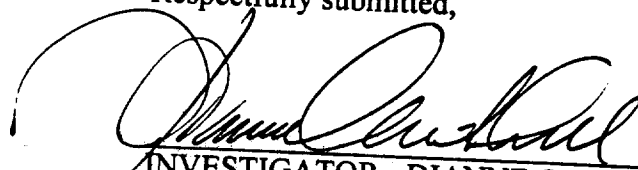
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____
Traffic citations issued: City Driver X Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager: [Signature] Concur/date 10-22-01
Committee Action: _____ Council Action _____

Allstate®

Mitchell

10/01/01

ALLSTATE INDEMNITY COMPANY
P.O. BOX 168288
IRVING TX 75016

09/14/01

(800) 374-4246

ENTERED - 10-1-01 - SB
01L0605 - DIANNE MITCHELL

CITY OF ATLANTA
55 TRINITY AVE SW
ATLANTA GA 30335

OUR INVESTIGATION INDICATES THAT YOUR INSURED WAS RESPONSIBLE
FOR THIS LOSS.

SINCE WE HAVE ALREADY MADE A SETTLEMENT WITH OUR POLICYHOLDER,
THE CLAIM HAS BEEN ASSIGNED TO US. COPIES OF THE FINAL PAPERS
RELATING TO THE LOSS ARE ENCLOSED.

PLEASE ACCEPT THIS LETTER AS NOTICE OF OUR SUBROGATION CLAIM.
PLEASE FORWARD YOUR PAYMENT WITH OUR CLAIM NUMBER TO:

ALLSTATE PAYMENT PROCESSING CENTER
P.O. BOX 227257
DALLAS, TX, 75222-7257

DIRECT ANY OTHER CORRESPONDENCE TO THE ADDRESS AT THE TOP
OF THIS LETTER.

SINCERELY,

CUSTOMER SERVICE

ALLSTATE INDEMNITY COMPANY

CBP:G

YOUR FILE NO. :
YOUR INSURED : CITY OF ATLANTA
ADDRESS : 55 TRINITY AVE SW
ATLANTA GA 30335

OUR CLAIM NO. : 4095762631 KAM
OUR INSURED : VELMA MOULTRIE
LOSS DATE : 07/13/01

LOCATION :
285 W FRWY / OLD NATIONAL HWY

COLLEGE PARK GA

AMOUNT OF LOSS: \$2,636.04

ALLSTATE
4095762631

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 01L0605

\$ 2,000.00

IN CONSIDERATION of the sum of TWO THOUSAND AND NO/100
 DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby
acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever
discharge said City, its officers and employees, including but not limited to Carl Leon Smart, from any and all
claims, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or
on account of anything that has heretofore occurred, and particularly for or on account of a vehicular accident
which occurred on or about the 13th day of July, 2001
at or near Interstate 285 and Riverdale Road

It is further understood and agreed that the payment of the above named sum is not to be considered as an
admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the
undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents,
servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers,
agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment
of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by
said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this
instrument.

WITNESS my hand and seal this 17th day of October, 2001.

Andrea Gais Lewis (LS)
ALLSTATE INSURANCE COMPANY AS SUBROGEE OF
VELMA MOULTRIE

The above release was read and explained to, and signed by the said _____
_____ in our presence on the date above written.

[Signature]
WITNESSES